

## PART B - FEE(S) TRANSMITTAL

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7590

05/30/2008

John K Fitzgerald  
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/574,300	03/31/2006	Siegmar Schmidt	STADM-73604	7074

TITLE OF INVENTION: RUGGED FABRY-PEROT PRESSURE SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	09/02/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LYONS, MICHAEL A	2877	356-480000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John K. Fitzgerald2 FULWDIER PATTON LLP

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**SABEUS, INC.****Calabasas, CA**Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s). (Please first reapply any previously paid issue fee shown above)

 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. XXXXXXXXXXXXXXXXX Advance Order - # of Copies 5 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 062425 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 8/4/08

Typed or printed name

John K. FitzgeraldRegistration No. 38881

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